



Ashville Police Department



Release of Information

Permission for Release of Information for Background Investigation

I understand that a representative of The Ashville Police Department will be conducting a thorough investigation of my background to assist in determining my eligibility for employment. I realize while conducting this background investigation that investigator will be making inquiries of the following entities: officials and record offices at schools which I have attended; law enforcement agencies or courts with whom I may have an arrest, conviction, traffic, incident report, or any other record; credit bureaus and/or firms who may have information regarding my credit record, financial standing, and other financial information including, but not limited to, federal, state, city and school district tax returns; present and previous employers; military, government, and other agencies or person who may be able to provide information about me which the Ashville Police Department desires.

I give permission for any person, agency, company, organization, or firm contacted in the course of such investigation to release any and all information properly requested, and I hereby expressly release and waive all provisions of state and federal law which may forbid the disclosure of information from any school official, court law enforcement agency, government agency, credit bureau, employer, firm or person from disclosing any knowledge or information they have concerning me which is requested by The Ashville Police Department. I further consent that the investigator of The Ashville Police Department be provided with a copy of any such record concerning me upon request. I hereby release, discharge, and exonerate any person, agency company, organization, or firm that furnishes such information about me.

I further release, discharge, and exonerate The Ashville Police Department and the Village of Ashville, its agents, officers, and representatives from any and all liabilities of every nature arising out of the inspection and use of such documents, records, and other information, or the investigation made by or on behalf of The Ashville Police Department.

I recognize the right of The Ashville Police Department to treat, at its discretion, certain sources as confidential and its right to withhold from my agent or myself the names of such confidential sources and information obtained therefrom. I also understand that some of the information or records collected may be public records pursuant to Ohio law once within the Village of Ashville and The Ashville Police polices files.

A scanned copy, photocopy or fax copy of this release form will be valid as original thereof.

Signature:	Date of Birth:	Last 4 of SSN:
Type/Print Name:	Date:	
Position Applying:		

PERSONAL HISTORY QUESTIONNAIRE

Name: _____ Phone: () _____
 (Last) (First) (Middle)

Address: _____
 (Street) (City, State, Zip)

Position Applied For: _____ Full Time Police Officer and/or _____ Reserved Police Officer

Date this questionnaire completed: _____

INSTRUCTIONS

THIS PERSONAL HISTORY QUESTIONNAIRE IS INTENDED FOR THE USE OF THE DIVISION OF POLICE PERSONNEL ADMINISTRATION SECTION. YOU MUST BE TRUTHFUL AND COMPLETE ALL ANSWERS REQUESTED ON THIS FORM. ALL INFORMATION CONTAINED HEREIN WILL BE SUBJECT TO VERIFICATION.

THE ANSWERS TO QUESTIONS CONTAINED IN THIS QUESTIONNAIRE MUST BE PRINTED IN YOUR OWN HAND LEGIBLY IN BLACK INK ONLY. **EACH INDIVIDUAL QUESTION MUST BE ANSWERED: THERE CAN BE NO BLANKS.** IF A QUESTION DOES NOT APPLY TO YOUR PARTICULAR CIRCUMSTANCE, INSERT "DNA" IN THAT BLANK. WHEN ANSWERING QUESTIONS THAT REQUIRE DATES, INSERT THE FULL DATE, PARTIAL MONTH – YEAR RESPONSES ARE UNACCEPTABLE. YOU MUST COMPLETE ADDRESS INFORMATION WHEN REQUESTED. PARTIAL ADDRESS RESPONSES ARE UNACCEPTABLE. IF APPLICATION IS NOT COMPLETE, IT WILL NOT BE ACCEPTED.

WARNING

APPLICANTS ARE CAUTIONED TO ANSWER EVERY QUESTION TRUTHFULLY AND WITHOUT EVASION. THE OHIO REVISED CODE PROVIDES PENALTIES FOR MAKING A FALSE STATEMENT OF MATERIAL FACT, OR FOR PRACTICING ANY FRAUD OR DECEPTION IN OBTAINING OR ATTEMPTING TO OBTAIN THIS EMPLOYMENT. SUCH PENALTIES INCLUDE REJECTION FOR APPOINTMENT OR DISCHARGE AFTER APPOINTMENT AND/OR PROSECUTION UNDER OHIO REVISED CODE SECTION 2921.12.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL & MARITAL RECORD- SECTION 1

LEGAL NAME: LAST		FIRST		FULL MIDDLE NAME	
BY WHAT OTHER NAME HAVE YOU BEEN KNOWN? (MAIDEN, ALIASES, NICKNAMES, ETC)				RESIDENCE PHONE & AREA CODE	
RESIDENCE ADDRESS (NUMBER, STREET, CITY, COUNTY, STATE, ZIP)				SOCIAL SECURITY #	
DRIVERS LICENSE #		TYPE		EXPIRATION DATE	STATE
MARITAL STATUS (MARRIED, SINGLE, DIVORCED)		NAME OF PRESENT SPOUSE (FIRST,MIDDLE,MAIDEN)		Name/address of spouse's employer	
Father		Date of birth		Address (number, street,city, zip,state) If deceased, date of death	
Mother		Date of Birth		Address (number,street,city,zip,state) If deceased, date of death	
LIST YOUR CHILDREN					
<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER		NAME (LAST, FIRST, MIDDLE)		BIRTH PLACE (CITY, STATE)	
ADDRESS (IF DIFFERENT FROM YOURS)		RELATIONSHIP TO YOU ____ NATURAL ____ STEP ____ FOSTER		RELATIONSHIP TO YOUR SPOUSE ____ NATURAL ____ STEP ____ FOSTER	
<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER		NAME (LAST, FIRST ,MIDDLE)		BIRTH PLACE (CITY, STATE)	
ADDRESS (IF DIFFERENT FROM YOURS)		RELATIONSHIP TO YOU ____ NATURAL ____ STEP ____ FOSTER		RELATIONSHIP TO YOUR SPOUSE ____ NATURAL ____ STEP ____ FOSTER	
<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER		NAME (LAST, FIRST, MIDDLE)		BIRTH PLACE (CITY, STATE)	
ADDRESS (IF DIFFERENT FROM YOURS)		RELATIONSHIP TO YOU ____ NATURAL ____ STEP ____ FOSTER		RELATIONSHIP TO YOUR SPOUSE ____ NATURAL ____ STEP ____ FOSTER	
<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER		NAME (LAST, FIRST, MIDDLE)		BIRTH PLACE (CITY, STATE,)	
ADDRESS (IF DIFFERENT FROM YOURS)		RELATIONSHIP TO YOU ____ NATURAL ____ STEP ____ FOSTER		RELATIONSHIP TO YOUR SPOUSE ____ NATURAL ____ STEP ____ FOSTER	
<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER		NAME (LAST, FIRST, MIDDLE)		BIRTH PLACE CITY, STATE)	
ADDRESS (IF DIFFERENT FROM YOURS)		RELATIONSHIP TO YOU ____ NATURAL ____ STEP ____ FOSTER		RELATIONSHIP TO YOUR SPOUSE ____ NATURAL ____ STEP ____ FOSTER	

ARE YOU NOW SUPPORTING ALL DEPENDENTS YOU ARE REQUIRED TO SUPPORT? _____ YES _____ NO		ARE YOU PAYING ALIMONY/ CHILD SUPPORT? _____ YES _____ NO		AMOUNT PER MONTH \$
HAVE YOU EVER BEEN SUED FOR ALIMONY PAYMENTS, CHILD SUPPORT, NON-PAYMENT OF DEBTS OR FRAUD? IF YES, GIVE THE NAME OF THE COURT IN WHICH YOU WERE SUED, AND THE COURT NUMBER OF THE LAWSUIT? _____ YES _____ NO		COURT NAME:		COURT NUMBER:
DATE MARRIED	WHERE MARRIED	NAME OF EX-SPOUSE (MAIDEN NAME)	IF DISSOLVED OR DIVORCED, WHERE?	DATE FINALIZED

PREVIOUS RESIDENCES RECORD- SECTION II

ADDRESSES DURING LAST 5 YEARS. ACCOUNT FOR ALL TIME SPANS WITH THE MOST RECENT FIRST AND DESCENDING IN ORDER THERE FROM. INCLUDE ALL MILITARY ADDRESS. LISTING THE NEAREST CITY IN PROXIMITY TO THE BASE IF YOU RESIDED ON BASE. IN RENTING OR LEASING, INCLUDE THE AGENT OF MANAGEMENT COMPANY TO WHOM YOU PAY RENT.

FROM (MONTH YEAR TO MONTH YEAR)	ADDRESS (NO. SPECIFY N-E-S-W-ST-PL-DR-CITY,STATE,ZIP)	WITH WHOM DID YOU LIVE?	RELATIONSHIP

REFERENCES: FILL IN BELOW THE NAMES OF THREE ADULTS NOT RELATED TO YOU AND NOT FORMER EMPLOYERS AND HAVE KNOWN FOR A PERIOD OF PREFERABLY MORE THAN FIVE YEARS.

1 NAME		HOME ADDRESS	HOME PHONE
YEARS KNOWN	BUSINESS OCCUPATION OR PROFESSION	BUSINESS ADDRESS	BUSINESS PHONE
2. NAME		HOME ADDRESS	HOME PHONE
YEARS KNOWN	BUSINESS OCCUPATION OR PROFESSION	BUSINESS ADDRESS	BUSINESS PHONE
3. NAME		HOME ADDRESS	HOME PHONE
YEARS KNOWN	BUSINESS OCCUPATION OR PROFESSION	BUSINESS ADDRESS	BUSINESS PHONE

FINANCIAL RECORD – SECTION III

1. ARE YOU NOW DELINQUENT IN ANY FINANCIAL OBLIGATION? _____ YES _____ NO

IF YES, EXPLAIN ON LAST PAGE.

2. DO YOUR MONTHLY BILLS EXCEED YOUR TAKE- HOME PAY? _____ YES _____ NO

INDEBTEDNESS: INVOLVING YOU, YOUR SPOUSE, OR YOUR EX-SPOUSES FOR WHICH YOU ARE LIABLE					
TO WHOM OWED	ADDRESS	DATE INCURRED	ORIGINAL AMOUNT	AMOUNT DUE	MONTHLY PAYMENT

1. NAME AND LOCATION OF YOUR BANK/S :

BANK NAME	CHECKING OR SAVING	CITY, STATE, AND ZIP

WHEN ANSWERING THE QUESTIONS BELOW, IF THERE ARE ANY “YES” BLOCKS CHECKED, YOU MUST EXPLAIN FULLY ON THE CONTINUATION SHEET, CITING THE REFERENCE AND PAGE NUMBERS. BE COMPLETE ON ALL EXPLANATIONS REQUESTED.

- ____ YES ____ NO ARE YOU INVOLVED IN ANY PENDING CIVIL OR CRIMINAL PROCEEDINGS?
- ____ YES ____ NO IF EMPLOYED BY THE POLICE DEPARTMENT, DO YOU ANTICIPATE ANY INCOME OTHER THAN THE POLICE SALARY?
- ____ YES ____ NO HAVE YOU EVER BEEN GARNISHED, FILED FOR BANKRUPTCY, OR BEEN DECLARED BANKRUPT?

TRAFFIC – CRIMINAL CONVICTION RECORD SECTION IV

1. HAVE YOU EVER BEEN CONVICTED OF A FELONY?	YES	NO
2. HAVE YOU EVER BEEN CONVICTED OF ANY OFFENSE OTHER THAN A TRAFFIC OFFENSE? IE: THEFT OFFENCES, ASSAULT AND BATTERY, WRONGFUL INFLUENCE OF A MINOR, DISORDERLY CONDUCT, GAMBLING, DRUG OFFENCES, SEX OFFENCES, OFFENCES INVOLVING IMMORAL OR INDECENT CONDUCT, FRAUD, TRESPASSING, CONVERSION OF TRUST, OFFENCES INVOLVING MILITARY JUSTICE, OR ANY OTHER CRIMINAL OFFENCES?	YES	NO
3. HAVE YOU EVER BEEN CONVICTED OF ANY TRAFFIC OFFENCES? IE: OPERATING A MOTOR VEHICLE WHILE UNDER THE INFLUENCE OF ALCOHOL OR DRUGS, RECKLESS OPERATION, HIT SKIP, VEHICULAR HOMICIDE, SPEEDING, DRAG RACING, WILLFULLY FLEEING OR ELUDING POLICE, OPERATING AN UNSAFE VEHICLE, DRIVING WITHOUT A LICENSE, PASSING A SCHOOL BUS RECEIVING OR DISCHARGING PASSENGERS, OR ANY OTHER TRAFFIC OFFENSE EXCLUDING PARKING AND EQUIPMENT VIOLATIONS?	YES	NO

IF THE ANSWER TO ANY OF THE ABOVE IS YES, (QUESTIONS 1, 2, 3) COMPLETE BELOW

DATE	OFFENSE OR CHARGE	POLICE AGENCY CITY, COUNTY, STATE	DISPOSITION OR SENTENCE

IF ADDITIONAL SPACE IS REQUIRED, GO TO CONTINUATION SHEET.

WORK HISTORY- SECTION V

HAVE YOU EVER APPLIED FOR A POSITION WITH ANY LAW ENFORCEMENT OR OTHER GOVERNMENT AGENCY?

_____ YES _____ NO

NAME OF AGENCY	DATE APPLIED	ACCEPTED	IF NO, GIVE REASON FOR REJECTION OF DECLINING POSITION
		____ YES ____ NO	
		____ YES ____ NO	
		____ YES ____ NO	

1. HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM A JOB? _____ YES _____ NO IF YES, EXPLAIN FULLY ON LAST PAGE.

EMPLOYMENT

BEGIN WITH YOUR MOST RECENT JOB AND LIST YOUR COMPLETE WORK HISTORY IN CHRONOLOGICAL ORDER. INCLUDE IN SEQUENCE ALL PART-TIME JOBS, PERIODS OF UNEMPLOYMENT AND MILITARY SERVICE. WHEN LISTING MILITARY SERVICE, SUBSTITUTE FOR THE NAME AND ADDRESS OF IMMEDIATE SUPERVISOR, THE NAME ADDRESS AND RANK OF THE LAST COMMISSIONED OFFICER WHO WAS YOUR IMMEDIATE COMMISSIONED SUPERIOR AND SUBSTITUTE THE NAME AND ADDRESS OF CO-WORKER, FOR THE NAME AND ADDRESS OF A NON-COMMISSIONED OFFICER WITH WHOM YOU SERVED. WHEN LISTING PERIODS OF UNEMPLOYMENT, INDICATE DATES IN SPACE PROVIDED. IN THAT BLOCK DESIGNATED "NAME OF EMPLOYER" WRITE IN UNEMPLOYED. IN THAT BLOCK DESIGNED "REASON FOR LEAVING" INDICATE FROM WHAT SOURCE YOU RECEIVED INCOME DURING THAT PERIOD OF UNEMPLOYMENT.

FROM DATE	NAME OF EMPLOYER	JOB TITLE	LIST HOURS WORKED AND DAYS OFF PRESENT JOB
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	
TOTAL TIME EMPLOYED	FULL NAME OF IMMEDIATE SUPERVISOR	ADDRESS OF SUPERVISOR	PHONE NUMBER OF BUSINESS
SALARY	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	PHONE # OF CO-WORKER

FROM DATE	NAME OF EMPLOYER	JOB TITLE	REASON FOR LEAVING
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	
TOTAL TIME EMPLOYED	FULL NAME OF SUPERVISOR	ADDRESS OF SUPERVISOR	PHONE #OF BUSINESS
SALARY	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	PHONE #OF CO-WORKER

WORK HISTORY CONTINUED

FROM DATE	NAME OF EMPLOYER	JOB TITLE	LIST HOURS WORKED AND DAYS OFF PRESENT JOB
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	
TOTAL TIME EMPLOYED	FULL NAME OF IMMEDIATE SUPERVISOR	ADDRESS OF SUPERVISOR	PHONE NUMBER OF BUSINESS
SALARY	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	PHONE # OF CO-WORKER

FROM DATE	NAME OF EMPLOYER	JOB TITLE	REASON FOR LEAVING
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	
TOTAL TIME EMPLOYED	FULL NAME OF SUPERVISOR	ADDRESS OF SUPERVISOR	PHONE #OF BUSINESS
SALARY	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	PHONE #OF CO-WORKER

FROM DATE	NAME OF EMPLOYER	JOB TITLE	LIST HOURS WORKED AND DAYS OFF PRESENT JOB
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	
TOTAL TIME EMPLOYED	FULL NAME OF IMMEDIATE SUPERVISOR	ADDRESS OF SUPERVISOR	PHONE NUMBER OF BUSINESS
SALARY	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	PHONE # OF CO-WORKER

FROM DATE	NAME OF EMPLOYER	JOB TITLE	REASON FOR LEAVING
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	
TOTAL TIME EMPLOYED	FULL NAME OF SUPERVISOR	ADDRESS OF SUPERVISOR	PHONE #OF BUSINESS
SALARY	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	PHONE #OF CO-WORKER

FROM DATE	NAME OF EMPLOYER	JOB TITLE	LIST HOURS WORKED AND DAYS OFF PRESENT JOB
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	
TOTAL TIME EMPLOYED	FULL NAME OF IMMEDIATE SUPERVISOR	ADDRESS OF SUPERVISOR	PHONE NUMBER OF BUSINESS
SALARY	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	PHONE # OF CO-WORKER

FROM DATE	NAME OF EMPLOYER	JOB TITLE	REASON FOR LEAVING
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	
TOTAL TIME EMPLOYED	FULL NAME OF SUPERVISOR	ADDRESS OF SUPERVISOR	PHONE #OF BUSINESS
SALARY	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	PHONE #OF CO-WORKER

MILITARY AND EDUCATIONAL RECORD – SECTION VI

BRANCH OF SERVICE (ARMY, NAVY, ETC.)	UNIT (TANK CORP, ENGINEERS, ETC.)
MILITARY ACTIVE DUTY DATES (DO NOT INCLUDE SHORT RESERVE TOURS OF 90DAYS OR LESS)	HIGHEST MILITARY RANK OR RANK HELD
TOTAL MONTHS OF COMBAT DUTY	TOTAL MONTHS OF OVER SEAS DUTY
	MILITARY RESERVE STATUS _____ READY _____ STAND BY _____ NONE

1. WHERE YOU EVER COURT MARSHALED, TRIED ON CHARGES, OR SUBJECT OF A SUMMARY COURT MARTIAL, CAPTAINS MAST, ARTICLE 15, COMPANY PUNISHMENT, OR ANY OTHER DISCIPLINARY ACTION WHILE IN THE ARMED SERVICES? _____ YES _____ NO
IF YES, EXPLAIN ON LAST PAGE.
2. HAVE YOU EVER TAKEN A GENERAL EDUCATIONAL DEVELOPMENT “ GED” TEST ? _____ YES _____ NO

EDUCATIONAL

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 OTHER						
LIST EACH GRAMMAR SCHOOL, JR. HIGH SCHOOL, HIGH SCHOOL, TRADE, PART-TIME, NIGHT, BUSINESS, COLLEGE AND UNIVERSITY THAT YOU HAVE ATTENDED. START WITH THE MOST RECENT SCHOOL ATTENDED.						
NAME OF SCHOOL	LOCATION OF SCHOOL (CITY, STATE)	ATTENDANCE DATES FROM TO		GRADUATE YES NO		DEGREES OR NUMBER OF UNITS

MISCELLANEOUS

LIST ALL ORGANIZATIONS, CLUBS AND SOCIAL GROUPS WHICH YOU ARE NOW, OR HAVE BEEN A MEMBER AND THE POSITION...IE: MEMBER, ASSOCIATE MEMBER, PRESIDENT, SECRETARY, ETC.	
CLUB OR SOCIAL GROUP	POSITION HELD

GENERAL INFORMATION INQUIRY- SECTION VII

NOTICE: THE FOLLOWING QUESTIONS AND ANSWERS WILL BE VERIFIED THROUGH THE USE OF THE POLYGRAPH (LIE DETECTOR TEST). IF THE ANSWERS TO ANY OF THE FOLLOWING IS YES, IT WILL BE NECESSARY FOR YOU TO EXPLAIN, IN DETAIL, ON THE CONTINUATION SHEET PROVIDED. FULL AND COMPREHENSIVE EXPLANATIONS ARE REQUIRED

1. HAVE YOU COMMITTED A FELONY FOR WHICH YOU WERE NEVER ARRESTED OR CONVICTED?	YES	NO
2. HAVE YOU EVER BEEN INVOLVED IN AN AUTOMOBILE ACCIDENT?	YES	NO
3. HAS YOUR DRIVERS LICENSE EVER BEEN SUSPENDED OR REVOKED?	YES	NO
4. HAVE YOU EVER ILLEGALLY USED ANY NARCOTIC DRUG AT ANY TIME?	YES	NO
5. HAVE YOU EVER USED A HALLUCINOGEN? (INCLUDING MARIJUANA)	YES	NO
6. HAVE YOU EVER USED ANY PRESCRIPTION DRUGS OR ANY OTHER DRUG FOR ANY PURPOSE OTHER THAN THE PURPOSE FOR WHICH THEY WERE INTENDED, OR USED ANY SUCH DRUGS FOR AN EXTENDED PERIOD OF TIME WITHOUT A PRESCRIPTION FOR ANY REASON?	YES	NO
7. HAVE YOU EVER BEEN INVOLVED IN GLUE SNIFFING OR USED ANY OTHER CHEMICAL AGENTS FOR THE PURPOSE OF OBTAINING A STATE OF INTOXICATION?	YES	NO
8. DO YOU DRINK ALCOHOL? (SOCIALLY)	YES	NO
9. DO YOU HAVE ANY PROBLEMS BECAUSE OF GAMBLING?	YES	NO
10. DO YOU HAVE PROBLEMS CONTROLLING YOUR TEMPER?	YES	NO
11. AS AN ADULT, HAVE YOU EVER STOLEN ANYTHING?	YES	NO
12. DO YOU HAVE ANY HATREDS OR PREJUDICES TOWARDS OTHERS BECAUSE OF THEIR RACE, SEX, NATIONAL ORIGIN, RELIGION OR COLOR, WHICH WOULD BE DETRIMENTAL TO YOUR FUNCTION AS, A POLICE OFFICER?	YES	NO
13. HAVE YOU EVER BEEN COMMITTED TO ANY PENAL INSTITUTE AS A RESULT OF EITHER A FELONY OR MISDEMEANOR?	YES	NO
14. HAVE YOU KNOWINGLY BOUGHT OR SOLD STOLEN PROPERTY?	YES	NO
15. ARE YOU PRESENTLY UNDER INDICTMENT OR A DEFENDANT IN ANY PENDING CRIMINAL OR TRAFFIC CHARGES?	YES	NO
16. HAVE YOU EVER APPLIED FOR AND RECEIVED UNEMPLOYMENT COMPENSATION, THE AMOUNTS OF WHICH YOU WERE KNOWINGLY NOT ELIGIBLE TO RECEIVE?	YES	NO
17. HAVE YOU EVER ENGAGED IN ANY ILLEGAL SEXUAL ACTIVITIES, SUCH AS PROSTITUTION, SOLICITING FOR PROSTITUTION, ETC?	YES	NO
18. HAVE YOU EVER ENGAGED IN ANY GROSSLY UNNATURAL SEX ACT, SUCH A BESTIALITY, INCEST, PEDOPHILIA, ETC.	YES	NO
19. HAVE YOU EVER TRAVELLED OUTSIDE THE UNITED STATES? IF YES, WHAT COUNTRIES?	YES	NO
20. HAVE YOU EVER RECEIVED COMPENSATION THROUGH ANY WELFARE SERVICES AGENCY, IE, ADC OR GENERAL ASSISTANCE TO WHICH YOU WERE NOT ENTITLED?	YES	NO
21. IF IT BECAME NECESSARY IN THE COURSE OF YOUR POLICE DUTIES TO TAKE A HUMAN LIFE, WOULD YOU HAVE ANY RELUCTANCE TO DO SO BECAUSE OF RELIGIOUS OR OTHER BELIEFS?	YES	NO

CONTINUATION SHEET

NOTE: IN USING THIS SECTION TO EXPLAIN OR FURTHER ADD TO ANSWER, MAKE REFERENCE TO THE PARTICULAR **SECTION #** AND **QUESTION#**, IN THE **COLUMN PROVIDED BELOW BEFORE PROCEEDING TO ANSWER.** YOUR ANSWERS MUST BE CLEAR IN MEANING AND EXPLAIN ALL FACTS OF THE PARTICULAR QUESTIONS, AS WELL AS ALL AREAS OF THIS QUESTIONNAIRE. SHOULD YOU REQUIRE FURTHER SPACE, ATTACH AN 8 ½ X 11 SHEET OF PLAIN PAPER.

SECTION NUMBER	PAGE NUMBER	QUESTION NUMBER	CONTINUATION

CONTINUATION SHEET